



Our Docket No.: 42P12019

RESPONSE UNDER 37 C.F.R. § 1.116
-- EXPEDITED PROCEDURE --
EXAMINING GROUP 2100

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Want

Application No.: 10/025,088

Filed: December 18, 2001

For: Method and Device for Communicating)
Data)

) Examiner: Smith, Sheila B.

) Art Group: 2617

AMENDMENT AFTER FINAL

Mail Stop: AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

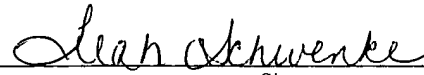
In response to the Final Office Action mailed on March 23, 2006, which was made final, applicants submit this Amendment After Final Action for consideration.

FIRST CLASS CERTIFICATE OF MAILING

I hereby certify that I am causing the above-referenced correspondence to be deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and that this paper or fee has been addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

April 18, 2006
Date of Deposit

Leah Schwenke
Name of Person Mailing Correspondence


Signature

4/18/06
Date



AF
JFW

FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete if Known

Application Number	10/025,088
Filing Date	December 18, 2001
First Named Inventor	Roy Want
Examiner Name	Smith, Sheila B.
Art Unit	2617
Attorney Docket No.	42390P12019

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
40	42*	0	50.00
4	4*	0	200.00
Multiple Dependent			
Large Entity	Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	50	2202	25
1201	200	2201	100
1203	360	2203	180
1204	790	2204	395
1205	300	2205	150
SUBTOTAL (1)		(\$)	0.00

*or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
2053	130	2053	130
1251	120	2251	60
1252	450	2252	225
1253	1,020	2253	510
1254	1,590	2254	795
1255	2,160	2255	1,080
1401	500	2401	250
1402	500	2402	250
1403		2403	
1451		2451	
1460		2460	
1807	50	1807	50
1806	180	1806	180
1809	790	1809	395
1810	790	2810	395
Other fee (specify)			
SUBTOTAL (2)		(\$)	

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Mark L. Watson	Registration No. (Attorney/Agent)	46,322	Telephone	(303) 740-1980
Signature		Date	04/18/06		